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Quebec moves toward full disclosure of medical errors

Mysteries and secrecy surrounding medical errors will soon be a thing of the past if the Quebec College of Physicians and Surgeons has its way. In an unprecedented step, the college has moved to change its code of conduct to require doctors to reveal errors to patients as quickly as possible or face disciplinary action. The amendments are expected to be ratified by Quebec's National Assembly by September.

"The doctors have accepted a more precise definition of their obligations," said Dr. André Garon, the assistant secretary general, who says that disclosure of errors is the only way they can be understood and prevented. "What we're talking about is sensitizing people to errors so we can target the causes."

Two weeks after the college's suggested changes were made public in January, the Quebec government followed suit, announcing a plan to reduce the number of medical accidents of all kinds in health institutions, regardless of whether they are caused by doctors, nurses, pharmacists or multiple factors. Hospitals will now be required to inform patients when accidents occur and to explain steps being taken to correct the mishap and prevent similar errors.

Garon, who calls the timing of the health minister's announcement "a happy coincidence," says error disclosure is not just a question of courtesy, ethics or risk management. "What was implicit in the code before is now explicit," he said, adding that the transparency is simply a clarification of a doctor's "normal and reasonable duties." Even if doctors did not make the mistake, they are best placed to inform the patient of any accident or unforeseen complications. "The first responsibility is the physician's, who should be there to explain what happened, what will happen next, and be there to comfort the patient and his family."

Although being open about medical errors is "absolutely the right thing to do," physicians shouldn't rush in to blame themselves or colleagues when unforeseen events occur, says Dr. Patrick Croskerry, a Nova Scotia-based clinical consultant in patient safety. Croskerry, who organized a conference on medical error in Halifax last summer (*CMAJ* 2001;165[8]:1083), says errors can be complex and a "root cause analysis" may be needed to understand them. "You have to take the whole incident apart and look at it from a number of angles," he explained, and failure to know all the facts should not prevent a physician from telling a patient "something has gone wrong but we don't know yet what caused the problem."

Croskerry says patients have a right to know about errors and full disclosure is required. "In the past, when there's been a culture of a conspiracy of silence, people were not being realistic about error. But if you bring it out into the open, everyone benefits. Honesty is the best policy." — *Susan Pinker*, Montreal

DISPATCHES

India cracks down on sex-determination tests

Indian health officials have begun a well-publicized campaign to register all medical centres in the country that offer prenatal sex-determination services through ultrasonography, amniocentesis, chorionic villi biopsy and other techniques. The move follows a directive from the Supreme Court of India to submit a report on the question.

A 1994 law prohibits Indian doctors from carrying out sex-determination tests if female fetuses will be aborted as a result. However, centuries of tradition demand that every couple produce at least one male child, and even today most couples would go to any extent to do that.

Although the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act of 1994 has remained on the statute books, the government has no idea how many medical centres actually offer sex-determination services. As a result, female fetuses are still being aborted in every part of the country. "I know a couple of obstetricians in Bombay's suburbs who perform sex determinations for 10 to 15 women every day," says Dr. Anirudh Malpani, one of the India's leading specialists in assisted reproduction techniques.

"The gender balance is badly skewed in some north Indian states like Punjab and Haryana," adds Dr. Vimla Nadkarni, secretary general of the Family Planning Association of India. Even in a progressive state like Maharashtra, of which Bombay is the capital, the sex ratio is 922 women for every 1000 men, she adds.

Angered by government apathy at both national and state levels and alarmed by the growing distortion in sex ratios, the Centre for Enquiry into Health and Allied Themes (CEHAT) first approached the courts a few years ago. Their public-interest litigation has now reached the Supreme Court, which has asked health ministries in 11 states what action they have taken thus far.

The Supreme Court has also directed the leading manufacturers of ultrasound equipment to supply the names and addresses of medical centres that have purchased their equipment in the past 5 years. The result could be thousands of addresses because the advent of portable ultrasonography has enabled most gynecologists to conduct ultrasound examinations in their offices. "In Bombay alone there would be 1200 to 2000 medical centres where this sort of thing takes place," says Sumita Menon, an activist with CEHAT.

For sex determination, ultrasonography is the obvious method of choice for Indian couples because it is simple and risk free. Other methods, such as amniocentesis, are more difficult, while chorionic villi biopsy requires sophisticated and expensive equipment that many physicians cannot afford.

After the sex of the fetus has been determined, the next step is to abort the female fetus at the request of the expectant mother. "What the legal action has achieved is to drive the whole thing underground," says Dr. P. N. Rao, a gynecologist in an up-market Bombay suburb. — Dr. *Sumit Ghoshal*, Bombay